INS. CASE OWNER	Mounts	CC 4, Asmy 80	(820)	Thas DAG			
* *	MM	ASSIGN	NMENT		5/10/18	* /	
Surveyor:		DO1:	510118	Date / Time :	2 / 1 - 1 / 1		
The state of Contract	(7777)			Registered in Merimen:			
Pre-assign / CCU	(mA	270C		Claim No. SAMOX RQ			
Insured Vehicle N	0. :		Claim No.	:	· // · · Q	_	
Name of Insured	:		Policy No.	:			
Insured Tel No.	T	HP:	Make / Model	1.			
Excess Sec II :S\$		D.O.A: 210/18	Place of Accid	ent:			
Is driver the owner	r? (YES / NO)	Nature of Accident :					
If NO, Driver Na	me / Age ·		OI GIA PEDO	RT: YES / NO ; TP GIA F	PEDODE, VEON	· · · · · · · · · · · · · · · · · · ·	
Driver Tel		(V/L: YES / NO)	Insured Liabili		1? Yes/No	O	
VPC 177	2.11			70 21114	. 1037110		
2)] 014	<u> </u>		A			_	
INSRS: WSP: Tel: Liability: RMKS:	INSRS WSP: Tel: Liabiliti RMKS	y:	INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:		
Date/ Time							
	MILANIA V V.	(4 12) ac v		STAGE	DATE / I	PIC	
	200 MAT 1- XI	SMATTOC-X		Non-Reporting ltr (1st):	2112272		
				Non-Reporting ltr (2nd): Non-Reporting ltr (Final):			
					Notification ltr (if non-pickup):		
-				Call OI:			
allozals Email lability day to TR warren				After call ltr to OI: Documentation Check List: Handler To		nist .	
21/10/50/8	12-mail Hability Clev	to Proporer		Notification ltr (if non-pick		pist	
			s = = = = = = = = = = = = = = = = = = =	After call ltr to OI:			
				Authorisation To Act:			
				Release Voucher:			
				Final Repair Bill: Car Rental Invoice:			
(4)				Towing Invoice			
		×		LTA/GIA:			
	***			Medical Bill:			
				PIR:		7 144	
				Mandate/Reject Instruction	on:		
				LOD Payment Breakdown Form	m:		
PRELIMINARY ADVICE	Date/Time:	Sent By:	1000	Post-Repair Photos:			
				Others:			
FINALIZATION Remain Cont.	Date/Time:	Confirm with:		Confirm by:			
Repair Cost: FINAL SETTLEMENT	S\$ (Date/Time:	days) Reduction:	%	Email	Call [
Final Liability:	Date/Time: Confirm with (Agreed / Assessed) BOLA S/N No. :			Email Call			
Repair Cost:	S\$	Assessed) BOLA S/N No. :		If NO or B 28, Ass. Lia:			
Loss of Rental (LOR):	S\$ (days)					
Loss of Use (LOU):	S\$ (\$ x	days)					
Loss of Income (LOI): LOR only LOU only	S\$ - (\$ x	days)					
LOR only LOU only GIA/LTA Search	LOR + LOU LOS\$	OR + LOI [Tick only or	1e]				
Medical:	SS	,		1) Claim status Normalii			
Disbursement:	S\$ (e.g. Tow/ Independent)			Claim status: Normal/Reject/Private Settle Report Format:			
Legal Cost	S\$	C.O. S sweepens		3) Survey fee:		1.	
Total:	SS	Global Sum S\$:					
FINAL PAYMENT	Date/Time;	Confirm with:		Email Call			
Payee 1:	S\$	Name 1:		*			
Payce 2: (Spike if N.A.) Payce 3: (Spike if N.A.)	S\$ S\$	Name 2:	· · · · · · · · · · · · · · · · · · ·				
warmen without a service as	BOLDS, CONTROLS TOWN THE STREET, STOREST STREET, STREE	FOR SHARE YOU PROPERTY AND ASSOCIATION OF THE PARTY OF TH	ASSESSMENT THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	STORE STREET,			

Days Of Repair:

Add Fee:

Resurvey No. of Trip:

Site Insp (\$

Interview (\$

Tech. Invs (\$

Weekend (\$

Survey Fee:

Transportation:

) Photos

S+RS, SI

Date/Time, File Pass to?

Date/Time, File Return to?

Report Format : Lump Sum / I.B.I: (\$ Preli. Report

Final Report